

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/367261

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		21				
5		10				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		10				
14		10				
15		10				
16		10				
17		10				
18	1	1				
19		10				
20		10				
21		10				
22		10				
23		10				
24		10				
25		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	23					
TOTAL CLAIMS	25					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
53								
54								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								